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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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B. BOSTICK SEP **2 2** 2011

EXAMINER

COVER LETTER

	gistration vision of C	Section Corporations					
SUBJECT:	Athen	a-Waverly Venture, L					
		(Name of For	eign Limited Lia	ability C	'ompany)		
Dear Sir or I	Madami						
Dear Sir or I	viadam:						
The enclosed	d withdra	wal and fee(s) are submitte	ed for filing.				
Please return	n all corre	spondence concerning this	matter to the fo	llowing:			
Amy M. K	wiatko	·····					
		(Name of Person)					
Dieleiere	- \A(-!\	4 DU 1 O					
Dickinsor	n vvrigr	(Firm/Company)					
		(Filli/Company)					
						图	-
500 Woo	dward	Avenue, Suite 4000) <u> </u>				(
		(Address)				22.	
Detroit, N	ЛI 4822	26					
	-	(City/State and Zip Cod	le)			*	
						82	
For further i	nformatic	n concerning this matter, p	olease call:				
Amy M. I	Cuiatka	wycki	212		223-3137		
		me of Person)	at (313) Code & 1	Daytime Telephone Number)		
	ζ	···· · · · · · · · · · · · · · · · · ·	`		·		
ST	REET/C	OURIER ADDRESS:		MAILI	ING ADDRESS:		
Registration Section			Registration Section				
Division of Corporations			Division of Corporations				
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahassee, Florida 32314				
		Florida 32301		Tanana	ssee, Florida 32314		
Enclosed is	a check f	or the following amount:					
☑ \$25 Filing	g Fee	■ \$30 Filing Fee &	□ \$55 Filing F		■ \$60 Filing Fee,		
		Certificate of Status	Certified Co	ру	Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Athena-Waverly Venture, LLC			
(Name of limited liability company)			
Delaware			
(Jurisdiction of its organization)			
M02000001655			
(Florida Document Number)			
This limited liability company is no longer transacting business in Florida an authority to transact business in this state.	id surr	enders	its
This limited liability company revokes the authority of its registered agent to acits behalf and appoints the Department of State as its agent for service of procause of action arising during the time it was authorized to transact business in Fl	ccept s cess ba lorida.	service ased o	on n a
c/o The Athena Group, L.L.C., 712 Fifth Avenue, 8th F (Mailing address)	loor		
New York, NY 10019 (City/State/Zip)	A		
The limited liability company agrees to notify the Department of State in the change in its mailing address.	e futui	re of a	ıny
(Signature of member or authorized representative of a member)			
Typed or printed name of signee)	TALL.		
		SEP 21	/*.
	FLORIDA	P.1 3: 22	e in the second

Filing Fee: \$25.00